

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 26, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # N01000005185**

**1. Entity Name  
SAVE THE WATER TOWER, INC.**



**Principal Place of Business  
11761 CAMP DRIVE  
DUNNELLON, FL 34432**

**Mailing Address  
PO BOX 161  
DUNNELLON, FL 34430-0161**



03142006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
31-1790682**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**STROBL, FRANK J  
11761 CAMP DRIVE  
DUNNELLON, FL 34432**

**DO NOT WRITE  
IN THIS SPACE**

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**Filing Fee is \$61.25  
Due by May 1, 2006**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>DT</b>
<b>NAME</b>	<b>STROBL, SUE E</b>
<b>STREET ADDRESS</b>	<b>11761 CAMP DRIVE</b>
<b>CITY-ST-ZIP</b>	<b>DUNNELLON, FL 34432</b>
<b>TITLE</b>	<b>DV</b>
<b>NAME</b>	<b>HUSTON, JIM</b>
<b>STREET ADDRESS</b>	<b>15400 SW 36TH</b>
<b>CITY-ST-ZIP</b>	<b>OCALA, FL 34481</b>
<b>TITLE</b>	<b>DP</b>
<b>NAME</b>	<b>STROBL, FRANK J</b>
<b>STREET ADDRESS</b>	<b>11761 CAMP DRIVE</b>
<b>CITY-ST-ZIP</b>	<b>DUNNELLON, FL 34432</b>
<b>TITLE</b>	<b>DS</b>
<b>NAME</b>	<b>HUSTON, SHARON</b>
<b>STREET ADDRESS</b>	<b>15400 SW 38TH</b>
<b>CITY-ST-ZIP</b>	<b>OCALA, FL 34481</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

U00000534817  
05/08/06-80026-018 61.25

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

4-19-06 352-465-350